

**REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT (Abbreviated)**

A. Agency code and subelement, and submitting office number (xx-xx-xxxx)	B. Standard document number (Org identifier/ FY, Doc./ type code/ Serial number)	C. Request Status or Process Code (X one)	D. Amendment No.
NV-00-2179		<input checked="" type="checkbox"/> (1) Initial <input type="checkbox"/> (2) Resubmission <input type="checkbox"/> (3) Correction <input type="checkbox"/> (4) Cancellation	

**Section A - TRAINEE / APPLICANT INFORMATION**

1. Name (Last, First, Middle Initial)	2. 1st 5 letters of last name	3. Social Security Number	4. Ed. level	5. Continuous Federal Svc a. Years    b. Months
6. Home Address (Street, City, State and ZIP Code) (optional)	7. Phone Numbers (Include area code) a. Home b. Office	8. Position Title	9. Position Level (X one) a. Executive b. Manager c. Supervisory d. Non-Supervisory e. Other (Specify)	
11. Organization Name	(1) Commercial (2) Auto von YOUR FAX #	10. Pay Plan / Series / Grade / Step (Rank/ MOS/AFSC/or Navy Designator)		
12. Organization Mailing Address (Include ZIP)	13. Organization UIC 39721 16. Are you handicapped or disabled? (X one) Yes No	14. Type of Appointment	15. No. prior non-government training days	

**Section B - TRAINING COURSE DATA**

17. Course Title <b>WRITE THE TITLE OF THE COURSE HERE</b>	19. Recommended Training Source, School or Facility a. Name COLLEGE/TRG FACILITY NAME b. Mailing address (Include ZIP) <b>FACILITIES MAILING ADDRESS</b>
18. Training Objectives (Benefits to be derived by the Government) <b>PROVIDE A BRIEF EXPLANATION OF THE COURSE OBJECTIVES HERE</b>	
20. Course Codes a. Purpose b. Type c. Source d. Special Interest e. Training Vendor	c. Location of training site (If other than 19b) 21. Course hours (4 digits) 22. Course Identifiers a. SAID b. Catalog / Course No. CLASS # c. Offering / TLN
f. Security Clearance g. Allocation Status h. Priority i. Training Level j. Method of Training	k. Training Program l. Reason for Selection 23. Training Period (YYMMDD) a. Start START DATE b. Complete END DATE

**Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)**

24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box			
25. Direct Costs a. Tuition cost b. Books, material, other costs c. Total direct costs d. Funding source	26. Indirect Costs (For information only) a. Travel cost b. Per diem/other costs c. Total indirect costs	27. Accounting Classification	30. Total of Direct & Indirect Costs
31. Job Order No.		29. Signature of Fiscal Officer (Follow local procedure)	

**Section D - APPROVAL / CONCURRENCE / CERTIFICATION**

32. Supervisor: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.) a. Typed Name (Last, First, Middle Initial) <b>SUPERVISOR'S TYPED NAME</b> b. Phone number (Include area code) <b>SUPERVISOR'S PHONE#</b> c. Signature & Title <b>SUPERVISOR'S SIGNATURE</b> d. Date	33. Training Officer: I certify this training meets regulatory requirements. a. Typed Name (Last, First, Middle Initial) <b>LEAVE BLANK-SIGNED AT CMS</b> b. Phone number (Include area code) c. Signature & Title d. Date
34. Authorizing Official a. Action (X one) <input checked="" type="checkbox"/> (1) Approved <input type="checkbox"/> (2) Disapproved b. Typed Name (Last, First, Middle Initial) c. Phone number (Include area code) d. Signature & Title <b>LEAVE BLANK - SIGNED AT CMS</b> e. Date	35. Course Acceptance (To be completed by school official) a. Accepted <input type="checkbox"/> b. Not Accepted <input type="checkbox"/> c. School Official Signature d. Date 36. Course Completion (To be completed by school official) a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. <input type="checkbox"/> b. Actual Completion Date (YYMMDD) c. Grade d. Signature & Title e. Date
37. Billing Instructions (Identify discount terms % days.) Furnish original invoice and 3 copies to:  <b>DEPARTMENT OF THE NAVY CAREER MANAGEMENT SITE P.O. BOX 2033 MECHANICSBURG, PA 17055-0784</b>	38. Certifying Government Official a. I certify that this account is correct and proper for payment in the amount of: \$ b. Signature c. Date Signed d. DSSN Number e. Check Number f. Voucher Number

TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.